3: Chinnery G, E-5 (1929) 1931 OM10 New Ireland OM10

161 162 As the population of these villages was apparently not enumerated until 1921, it is not possible to draw a comparative table covering the period between Hoffman's survey* and the present investigation. Hoffman's enumeration of the people between Kaveing and Tekirot for 1911, which included villages not within the area now recorded resulted in—

—	Adults.		Children.		Working Total.
1911.. ..	3,415	2,016	695	655	810
1912.. ..	3,418	2,020	697	669	1,147

The additional figures for 1912 do not indicate an increase in the population. They appear to represent mainly members of the community who were not counted in 1911.

The official figures taken during the Australian Administration are as follow:—

—	Adults.		Children.		Total.		Absent.	Grand Total.
	M.	F.	M.	F.	M	F.		
1922–23 ..	4,020	2,407	911	1,066	4,931	3,473	..	8,404
1923–24.. ..	2,663	2,393	1,046	909	3,709	3,302	..	7,011
1924–25.. ..	2,684	2,379	1.137	957	3,821	3,336	..	7,157
1925–26.. ..	2,570	2.635	1,092	973	3,662	3,608	..	7,270
1927–28.. ..	2,398	2,530	1,157	1,047	3 555	3,577	..	7,132
1928–29.. ..	2,291	2,431	1,256	1,118	3,547	3,549	..	7,096
My enumeration (not including Bagail Village) ..	2,592	2,565	1,097	1,027	3,689	3,592	1,072 153	8,506

The above figures vary considerably, but to what extent these variations are due to fluctuations in the population it is not possible to say.

161 [73] It has been shown that the population declined to an alarming extent during the last few years of German Administration. It is also probable that a considerable loss of life resulted from the famine of 1914. The epidemics of influenza that raged through the world during 1918 and the year following also took their toll of the district. There is every indication now, however, that in places the population of the east coast of New Ireland is beginning to hold its own, and, if people of the villages that are in need of special treatment can be induced to follow the advice of the Government in regard to plans especially designed for their benefit, conditions at present arresting their development should be removed and a healthier situation created. It must be remembered, however, that any programme for the improvement of the natives which threatens to change existing

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*Dr. Hoffman; *Government Gazette*, German New Guinea, 1st June, 1913.

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to about sixteen, and by young manhood and womanhood is meant the time between the end of youth and the early twenties. These, of course, are only generalizations.

Since the main object is to determine infant and childhood mortality rates, and survival rates at the time of reproduction, death rates are calculated only for the period up to marriage. The point is to find out how many people survive until the time when they can reproduce themselves. It must therefore be remembered that the total number of deaths is always the total number occurring before marriage. Moreover, in the genealogical method, where in one classification all the principals are dead, this is the only feasible procedure.

It is obvious that there will be a certain amount of error in any vital statistics collected among a people where there are no records of birth and death, but the importance of real and classificatory relatives, the rather formalized pattern of behavior between them, and the elaborate pregnancy, birth, and death rites, and interclan marriages, enables a Melanesian native to give a fairly accurate genealogy. It may be also that the very absence of written records throws a heavier burden upon the individual's memory, which he does not shirk. But it is obvious that no matter how good the memory of Melanesian informants, errors in these data must exist. They are, however, in the nature of the material and would probably exist in any study made on a similar primitive people. As far as possible, these errors are indicated in the description of the tables, which, it should be understood, denote general trends rather than exact statements. The genealogical method, while taking much more time than the census method, enables one to separate the subjects into age groups and presents a more comprehensive prospective over a longer period of time. But because of the great amount of detailed work and time involved in the use of this method, it is only practical for a small unit of people.

The nearest comparable figures are those of the recent government census taken in 1929 for a part of the east coast of New Ireland (from Kavieng to the village of Karu, approximately 147 miles beginning at the northern end of the island) and which includes over a larger area the people designated in this study as generations II, III, IV, but excludes those in generation I (the dead).[4] The results of the government

[4] Chinnery, E. W. P.—*Anthropological Report*, No. 6, Territory of New Guinea. In print.

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psychological effect of this will be on the birth and death rates of future generations can be, at the moment, only a matter of conjecture.

It is thus necessary to point out that while these psychological factors may be of significance in accounting for a declining population, they are not present among this particular declining people. The adult women on whom this study was made have not been to mission schools and the effect of mission teaching on them is very superficial. The fundamental aspects of their culture have not been destroyed and they have not lost their interest in life.[33]

There is one factor, mentioned by Dr. Rivers but not stressed, which might tentatively be considered as a possible cause for the decline in population, and that is the introduction of the so-called "white man's diseases." While there are no medical records for the group of people on whom this study was made, there are some fragmentary medical records for the whole Mandated Territory of New Guinea, which includes New Ireland.[34] These are based on treatments in native hospitals at the European centers and the natives are mostly indentured laborers from all over the territory. The records can be used to indicate that certain diseases exist in the Territory, some of which appear more widespread than others. It is of interest to note here those that might have any influence on infant mortality.

The reports all mention tuberculosis as being rather widespread. We are told that "tuberculosis, pneumonia and other respiratory diseases cause approximately 50 per cent of all native deaths in Rabaul," and that these diseases are new among these native races.[35] In 1926-27 tuberculosis accounted for about 32 per cent of the total deaths of natives in the series under review.[36] In 1927-28, 103 cases of tuberculosis were treated in native hospitals, and these cases had a mortality rate of 33 per cent, accounting for 13 per cent of the total mortality of hospital cases.[37] In 1928-29, 57 per cent of all the native deaths occurring in native hospitals were due to tuberculosis, pneumonia and dysentery.[38]

[33] In the writer's forthcoming book, the life of the society as it is functioning today will be described in detail. The contact of other cultures will not be neglected and an attempt will be made to evaluate the effect of this contact.

[34] Reports to the Council of the League of Nations on Administration of the Territory of New Guinea, *Canberra*.

[35] *Ibid.*, 1924-25, p. 17.

[36] *Ibid.*, 1926-27, p. 133.

[37] *Ibid.*, 1927-28, p. 89.

[38] *Ibid.*, 1928-29, p. 26.